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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000045189

1. Corporation Name
FLAMINGO PROJECTS, INC.

Principal Place of Business

472 FIFTH AVE S
NAPLES FL 34102

Mailing Address

P O BOX 566
NAPLES FL 34106-0566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

59-3446497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

5600 Tamiami Tr No

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

Naples FL

Zip

34108

Country

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SINDEBAND, ROBIN L JR.
472 FIFTH AVE S
NAPLES FL 34102

10. Name and Address of New Registered Agent

Sindeband, Robin L Jr

Street Address (P.O. Box Number is Not Acceptable)

5600 Tamiami Tr No, #1

City

Naples

FL

Zip Code

34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **Robin L Sindeband Jr**
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP SINDEBAND, ROBIN L JR.**

STREET ADDRESS **472 FIFTH AVE S**

CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ DELETE

NAME **TAYLOR, AMY H**

STREET ADDRESS **5051 CASTELLO DR SUITE 226**

CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DP SINDEBAND, ROBIN L JR**

1.3 STREET ADDRESS **5600 TAMIAHI TR NO, #1**

1.4 CITY-ST-ZIP **NAPLES FL 34108**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **TAYLOR, AMY H**

2.3 STREET ADDRESS **5185 CASTELLO DR STE 2**

2.4 CITY-ST-ZIP **NAPLES FL 34103**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robin L Sindeband Jr**
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)